

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FINGER OPERATED SWITCH FOR CONTROLLING A SURGICAL HANDPIECE

the specification of which

(check one) ☒ [X] is attached hereto.

☐ [] was filed on _____ as

Application Serial No. _____

and was amended on _____.
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

093919 0401
"90" 57E64860
TOT 90

Prior Foreign Application(s):

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

Status

Application Serial No.

Filing Date

Status

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: Audley A. Ciamporcero, Jr. (Reg. #26,051), Steven P. Berman (Reg. #24,772), Andrea L. Colby (Reg. #30,194), Michael Stark (Reg. #32,495), Dean L. Garner (Reg. #35,877), Matthew S. Goodwin (Reg. #32,839) Bernard E. Shay (Reg. #32,061), E. Richard Skula, (Reg. No. 31,061), William K. Wissing (Reg. No. 34,757), Verne E. Kreger, Jr., (Reg. #35,231), One Johnson & Johnson Plaza, New Brunswick, NJ 08933.

Address all telephone calls to Verne E. Kreger at telephone no. (724) 524-1239

Address all correspondence to Philip S. Johnson., Esq., One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003.

Table 1. Continued	
Variable	Mean (SD)
Age (years)	50.5 (10.5)
Gender	
Male	50.5 (10.5)
Female	50.5 (10.5)
Marital status	
Married	50.5 (10.5)
Single	50.5 (10.5)
Divorced	50.5 (10.5)
Widowed	50.5 (10.5)
Education (years)	12.5 (2.5)
Income (US\$)	25,000 (15,000)
Health insurance	
Medicare	50.5 (10.5)
Private	50.5 (10.5)
None	50.5 (10.5)
Smoking status	
Current	50.5 (10.5)
Former	50.5 (10.5)
Never	50.5 (10.5)
Alcohol consumption	
Regular	50.5 (10.5)
Occasional	50.5 (10.5)
None	50.5 (10.5)
Exercise frequency	
Regular	50.5 (10.5)
Occasional	50.5 (10.5)
None	50.5 (10.5)
Stress level	
High	50.5 (10.5)
Medium	50.5 (10.5)
Low	50.5 (10.5)
Depression score	15.5 (5.5)
Anxiety score	10.5 (4.5)
Quality of life score	75.5 (15.5)
Overall health score	85.5 (10.5)

William T. Donofrio
William T. Donofrio

Date: JUNE 4, 2001

Cincinnati, Ohio 45249

Richard M. Harper

Richard M. Harper

Date: 6/4/01

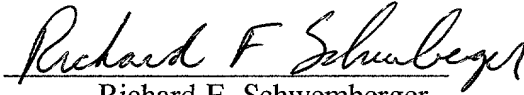
Date: 6/4/01

Jason A. Born

Date: _____

Citizenship: USA
Residence: 864 Virgil Street #6, Atlanta, Georgia 30307
Post Office Address: 864 Virgil Street #6, Atlanta, Georgia 30307

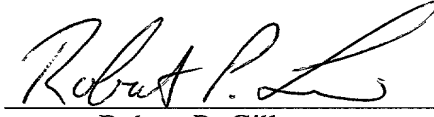
Inventor's Signature:
Full Name of Fourth Joint
Inventor, If Any


Richard F. Schwemberger

Date: 5/4/01

Citizenship: USA
Residence: 8250 Eagle Creek Road, Cincinnati, Ohio 45247
Post Office Address: 8250 Eagle Creek Road, Cincinnati, Ohio 45247

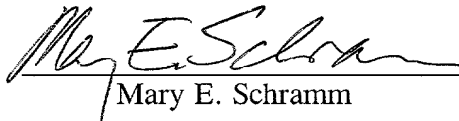
Inventor's Signature:
Full Name of Fifth Joint
Inventor, If Any


Robert P. Gill

Date: 6/4/01

Citizenship: USA
Residence: 9122 Nottingham Way, Mason, Ohio 45050
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Inventor's Signature:
Full Name of Sixth Joint
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Mary E. Schramm

Date: 06.05.01

Citizenship: USA
Residence: 7016 Fowler Avenue, Cincinnati, Ohio 45243
Post Office Address: 7016 Fowler Avenue, Cincinnati, Ohio 45243

05879319-06101

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09379319 061101

Prior Foreign Application(s):

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119
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(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

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Filing Date

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Address all telephone calls to Verne E. Kreger at telephone no. (724) 524-1239

Address all correspondence to Philip S. Johnson., Esq., One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:
Full Name of Sole
or First Inventor

William T. Donofrio

Date: _____

Citizenship: USA
Residence: 8755 Tanagerwoods Drive, Cincinnati, Ohio 45249
Post Office Address: 8755 Tanagerwoods Drive, Cincinnati, Ohio 45249

Inventor's Signature:
Full Name of Second Joint
Inventor, If Any

Richard M. Harper

Date: _____

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Residence: 3743 Sherbrooke Drive, Cincinnati, Ohio 45242
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Inventor's Signature:
Full Name of Third Joint
Inventor, If Any



Jason A. Born

Date: 6.5.01

Citizenship: USA
Residence: 864 Virgil Street #6, Atlanta, Georgia 30307
Post Office Address: 864 Virgil Street #6, Atlanta, Georgia 30307

09979315-0440

Inventor's Signature:
Full Name of Fourth Joint
Inventor, If Any

Richard F. Schwemberger

Date: _____

Citizenship: USA
Residence: 8250 Eagle Creek Road, Cincinnati, Ohio 45247
Post Office Address: 8250 Eagle Creek Road, Cincinnati, Ohio 45247

Inventor's Signature:
Full Name of Fifth Joint
Inventor, If Any

Robert P. Gill

Date: _____

Citizenship: USA
Residence: 9122 Nottingham Way, Mason, Ohio 45050
Post Office Address: 9122 Nottingham Way, Mason, Ohio 45050

Inventor's Signature:
Full Name of Sixth Joint
Inventor, If Any

Mary E. Schramm

Date: _____

Citizenship: USA
Residence: 7016 Fowler Avenue, Cincinnati, Ohio 45243
Post Office Address: 7016 Fowler Avenue, Cincinnati, Ohio 45243

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